

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000170992

Entity Name: AA CARE, LLC

Current Principal Place of Business:

2617 SW 32 CT
MIAMI, FL 33133

Current Mailing Address:

2617 SW 32 CT
MIAMI, FL 33133

FEI Number: 84-2393983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMAS, NURIA A
2617 SW 32 CT
MIAMI, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ARMAS, NURIA A
Address 2617 SW 32 CT
City-State-Zip: MIAMI FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NURIA A ARMAS

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04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date